

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11156

FILED APR 14 1948 17
Registration District No.

Primary Registration District No. 6076

State File No. _____
Registrar's No. 917

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural - Creve Coeur Township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 years
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Rural
(d) Street No. Creve Coeur Mo 916
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CHARLES ZIEGLER
(b) If veteran, _____ (c) Social Security No. _____
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8
year 1948 hour 5:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from Sept 1947 to April 8 1948
that I last saw him alive on April 7 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Ausie 6. (c) Age of husband or wife if alive blcd. years
7. Birth date of deceased Jan 6 1859
(Month) (Day) (Year)

Immediate cause of death Acute cardiac failure Sudden
Due to Heart arteriosclerosis
Due to Chronic myocarditis
Other conditions 93d
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 3 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Jackson County Missouri
(City, town or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Joseph Ziegler
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)
16. (a) Informant Bobbie Ziegler
(b) Address Creve Coeur
17. (a) Burial (b) Date thereof 4/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon
18. (a) Signature of funeral director Baumman Bros
(b) Address 2504 W. Barton Rd Overland
19. (a) 4-10-48 (b) Paul J. Shapiro
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Denny (M. D. or other) _____
Address Creve Coeur, Mo Date signed 4-9-48

APR 23 1948

APR 26 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.